

CHANGE NOTICE FOR MANUAL NO. 10-02, Breast & Cervical Cancer Medicaid

DATE: DECEMBER 1, 2001

Manual: Family and Children's Medicaid
Change No: 10-02
To: County Directors of Social Services
Effective: January 1, 2002

I. BACKGROUND

The 2001 session of the General Assembly authorized Medicaid coverage for women who have been enrolled in and screened for breast and cervical cancer under the North Carolina Breast and Cervical Cancer Control Program (BCCCP). The BCCCP operates through local health departments, some community health centers and other medical facilities that are contracted to participate as screening providers and coordinators for the program.

The eligibility criteria for this new Medicaid coverage group consist of:

- Women who have been enrolled in and screened for breast or cervical cancer under the North Carolina Breast and Cervical Cancer Control Program (BCCCP) and,
- Found to need treatment for breast or cervical cancer including pre-cancerous conditions and early stage cancer and,
- Are uninsured (have no major medical coverage including Medicaid and Medicare),
- Are 18 years of age through age 64, and
- Meet other general eligibility requirements for Medicaid. For example: citizenship/alien requirements, resident of N.C., not institutionalized. There is no Medicaid income or resource limit.

Based on historical numbers of women diagnosed with breast or cervical cancer through the BCCCP, the number of recipients under this new Medicaid coverage group is expected to be small. For now, determining eligibility for this program will be handled by the Division of Medical Assistance, Medicaid Eligibility Unit, not in the local department of social services. This coverage group is authorized in the MAF aid program/category. This Medicaid coverage is available effective January 1, 2002.

A. BCCCP Screening Providers' Responsibilities

The BCCCP screening providers are responsible for completing a Medicaid eligibility application (DMA-5079) for women who have been screened through the North Carolina Breast and Cervical Cancer Control Program and found to need treatment for either breast or cervical cancer.

A physician must complete the DMA-5081, Verification of Screening and Diagnosis for Breast and Cervical Cancer Medicaid, giving the diagnosis and estimated length of treatment.

The BCCCP screening provider is responsible for faxing and mailing the DMA-5079 and DMA-5081 to the Medicaid Eligibility Unit, Division of Medical Assistance.

B. DMA Responsibilities

DMA reviews the application to determine if the applicant may be eligible in other Medicaid aid program/categories. If the applicant is eligible for another Medicaid program she is ineligible for this new coverage group. DMA processes the Medicaid application for the woman if she is eligible for Breast or Cervical Cancer Medicaid (BCCM) or for a different aid program/category (except Medicaid for the Disabled). DMA keys the case into EIS.

If she is eligible for Breast and Cervical Cancer Medicaid the case will remain with the Division of Medical Assistance, Medicaid Eligibility Unit, for the duration of her treatment or until the woman no longer meets the criteria for Breast or Cervical Cancer Medicaid. A copy of the BCCM record is mailed to the county department of social services for their information.

The woman in this new Medicaid coverage group receives a blue Medicaid card, which entitles her to all Medicaid covered services during the period in which treatment for breast or cervical cancer is required. The certification period ends when the course of treatment ends. The period of Medicaid eligibility is based on the individual's course of treatment for cancer established by a statement from her physician. The woman is to report all changes in her situation to DMA, Medicaid Eligibility Unit. If the woman is determined eligible for another Medicaid aid program/category, DMA forwards the approved case to the woman's county department of social services.

C. County Responsibilities

The county department of social services has limited responsibilities for this new coverage group. The county dss is responsible for all emergency medical service applications. This will now include evaluation of emergency medical service applications for Breast and Cervical Cancer Medicaid. DMA may request county assistance in the following situations.

1. If the applicant has received Medicaid in the past, DMA may need verifications from the record.
2. Medicaid cards for BCCM that can not be delivered will return to the county dss. The county will need to research and mail to the correct address.

3. Non-U.S. citizen cases require a SAVE verification to be completed. DMA may request the county assistance with the SAVE process.
4. The BCCM recipient is eligible for medical transportation services. The local county dss must assess and provide transportation assistance if requested.

II. IMPLEMENTATION

While applications will be taken in January 2002, EIS will not be ready to process these cases until February 4, 2002.

A. Procedure for January 2002

The health departments, community health centers and other medical facilities that serve as screening providers under the BCCCP will begin taking applications in January 2002.

DMA will process the application for Breast and Cervical Cancer Medicaid. If approved, a manual approval notice will be mailed to the recipient. Attached to the DSS-8108, the woman will receive a letter with her Medicaid I.D. number and the effective date of January 1, 2002. This letter will serve as proof of eligibility. The recipient can give a copy of this letter to her doctor or pharmacist as proof of Medicaid eligibility. A copy of this letter will also be mailed to the BCCCP screening provider for their information. The recipient will not receive a Medicaid card until February 2002. The card will be dated back to January 1, 2002.

Medicaid claims will not process until the case is updated in EIS, which sends information to EDS in February.

B. Procedure for February 2002

After February 4th, 2002, the Claims Analysis Unit with DMA will key the BCCM cases approved in January and ongoing into EIS. Once the case is keyed into EIS, a blue Medicaid card will be mailed to the recipient. EDS will process claims for January after February 4.

III. EFFECTIVE DATE

This policy is effective January 1, 2002. Retroactive eligibility can begin no earlier than January 1, 2002.

IV. MAINTENANCE OF MANUAL

Insert MA-3226, pages 1-16.
Insert Figures 1, 2 and 3.

If you have any questions, please contact your Medicaid Program Representative.

Nina M. Yeager
Director

[This material was researched and prepared by Denise Rogers, Policy Consultant, Medicaid Eligibility Unit.]

[MA-3226](#)

[MA-3226, Figure 1](#)

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